

Education Authority of the County of Lanark.

FIFTEENTH ANNUAL REPORT

ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN.

1923-1924.



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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
AUTHORITY OF THE COUNTY OF LANARK.

MR CHAIRMAN, LADIES AND GENTLEMEN,

We beg to submit the Fifteenth Annual Report on the Medical Inspection, Supervision, and Treatment of School Children in the County of Lanark for the year ending 31st July, 1924.

We are,

Your obedient servants,

JOHN MACINTYRE.

W. JONES MACKINNON.

School Medical Inspection Offices,
3 Clydesdale Street,
Hamilton, October, 1924.

LIST OF STAFF

NORTHERN DIVISION.

Principal School Medical Officer.

JOHN MACINTYRE,
M.B., Ch.B., D.P.H.

Assistant School Medical Officers.

ALEXANDER LAMONT,
M.B., C.M.

IAN C. MACKENZIE,
L.R.C.P. & S.Ed., D.P.H.

ANN K. CORMACK, M.B., Ch.B.

Dental Surgeons.

H. R. BOWER, L.D.S.
WILLIAM KERR, L.D.S.

SOUTHERN DIVISION.

Principal School Medical Officer.

W. JONES MACKINNON,
M.D., C.M., D.P.H.

Assistant School Medical Officers.

JOHN YOUNG,
L.R.C.P. and S.Ed., D.P.H.

ANDREW G. REEKIE,
M.B., Ch.B., D.P.H.

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S.
ANDREW C. F. RANKIN, L.D.S.

Part-Time Ophthalmic Surgeons.

W. HISLOP MANSON,
M.A., M.D., F.R.F.P.S.G.

H. SOMERVILLE MARTYN,
M.A., M.B., Ch.B.

JOHN A. MORTIMER,
M.D., M.R.C.P.E.

JAMES R. WATSON,
M.A., B.Sc., M.D., D.P.H.

JAMES A. WILSON,
M.D., D.P.H.

ERNEST THOMSON,
M.A., M.D., F.R.F.P.S.G.

Part-Time Ear, Nose, and Throat Specialist.

JAMES ADAM, M.A., M.D., F.R.F.P.S.G.

NURSES.

ISOBEL T. COCHRAN.

CHRISTINA CRAIB.

ELIZABETH H. MORWOOD.

(a) MARJORIE M'DOUGALL.

MARGARET L. ROBERTSON.

ANNIE N. DOUGLAS.

(b) MARJORY F. MACGILLIVRAY.

MARTHA M. CHISLETT.

ANNIE DOBIE.

AMY T. HISLOP.

FRANCES M'KEE.

ISABEL TAYLOR.

(c) ISABEL MACKINNON.

Clerical Staff.

ROBERT A. M'ROBBIE.

JAMES H. GALLOWAY.

(d) ELIZABETH HARLEY.

HELEN S. STEVEN.

(e) JOHN PORTER.

(a) Resigned 30/11/23.

(b) Appointed 1/9/23.

(c) Appointed 1/9/23.

(d) Resigned 15/2/24.

(e) Appointed 28/1/24.

SCHEME OF MEDICAL INSPECTION, SUPERVISION, AND TREATMENT.

I.

LIST OF STAFF.

For purposes of administration the whole County is divided into two main areas—a Northern and a Southern Division. The County and Burghal districts embraced in these two Divisions are as detailed in the Report for 1919-20. The personnel of the Medical Inspection, Treatment, and Nursing Staffs is given in detail on Page 6 of this Report. After obtaining the sanction of the Scottish Board of Health, the Authority, in July, 1924, appointed two additional dental surgeons and two nurses to the personnel of the Treatment Staff, but these officials will not commence duty till 1st September, 1924.

II.

(a) Number of Schools in the whole Educational Area:—

Primary	...	...	...	...	...	228
Intermediate and Secondary	...	...	...	...	...	23
Special Schools or Classes	...	...	...	...	...	6

(b) Number of Children on Register	...	...	102,158
Number of Children in Average Attendance	...	...	92,667

During the year under consideration a new Primary School was opened at Stane, in Shotts district, and also a new Primary School at Longriggend, in New Monkland district. This latter school replaces the schools at Roughrigg and Longrigg, which are now definitely closed.

III.

NUMBER OF VISITS TO SCHOOLS FOR SYSTEMATIC EXAMINATION IN ACCORDANCE WITH SCHEME OF INSPECTION.

The number of visits paid to schools by the School Medical Officers in connection with the routine examination of scholars amounted to 1,233. At these visits the following children were examined:—(1) Entrants, 5-6 years old; (2) Intermediates, 9 years old; (3) Seniors, 12 years old; (4) Secondary Pupils, 16 years old; and (5) Special Cases.

IV.

NUMBER OF SPECIAL VISITS BY THE SCHOOL MEDICAL OFFICERS.

The number of special visits paid to schools for purposes of supervision amounted this year to 838. These visits are in the

nature of "surprise" visits in order to keep under observation those children who were found at the routine examination to stand in need of treatment, and also to examine any child who, in the interval, may have come under the observation of the class teacher as requiring medical examination. The Head Teachers are specially asked to bring to the notice of the School Medical Officer at every visit he pays to the school any case which, in the teacher's opinion, should receive examination, no matter what the suspected condition may be—defective sight or hearing, malnutrition, debility, uncleanliness, skin disease, and so on. If this procedure were thoroughly carried out, a very considerable advance would be made in the rectifying of defects and in the elimination of uncleanliness from the schools.

The Medical Officers make a tour of the various class-rooms and note for themselves any obvious cases of bad vision, skin disease, debility, or malnutrition; but the class teacher, who has had the children under close observation for a long time, can give invaluable help by bringing to the doctor's notice every suspected case of defect. In the Training Colleges a systematic course of instruction in school medical inspection and hygiene is included in the curriculum, so that the modern teacher is, or should be, quite capable of detecting the common minor ailments which affect his, or her, pupils. It should not now be necessary for a school medical officer to draw a class teacher's attention to a child who, when called upon to read from a book, holds it within a few inches of his face, or, when writing, has his nose within three or four inches of his copy book. Surely the fact is now well known to all teachers that the average distance from the eyes at which a reading book should be held, or a copy book placed, is from twelve to fourteen inches, and when this distance is being markedly and consistently ignored by the pupil there is a strong presumption that his visual focus is not normal. Again, take the child who is "dull of hearing." After having a child under observation in a class for months the teacher must have become aware of the child's infirmity. The defect in hearing may not have been present at the time when the child was last examined at the routine medical inspection, and so might never come under the notice of the medical officer till the child again comes before him at the next routine examination. The deafness may have arisen as the result of some acute illness, as an accompaniment of adenoids, or might merely be due to an accumulation of wax in the ear; but, whatever the cause, all cases of suspected, or definitely ascertained, deafness, even of mild degree, should be brought to the notice of the school medical officer. As vision and hearing are the two principal avenues of instruction no defect, however small, in either of these faculties can with impunity be overlooked.

The total number of children examined at the various re-visits paid to the schools in the County during the year amounted to 24,169.

In addition to the foregoing, 128 homes were visited by the Principal School Medical Officers for the purpose of examining certain children who were reported to be physically unfit to attend the nearest examining centre for special examination.

V.

SANITARY CONDITIONS OF SCHOOLS.

The sanitary condition of the schools generally is fairly satisfactory, although, as was mentioned in last year's Report, there are still several schools where improvement is desirable, especially as regards the latrine accommodation. However, during the year several of the most urgent of these cases have been attended to, and further improvements are at present in progress.

As was reported last year, the problem of maintaining the latrines in a wholesome and cleanly condition is a very difficult one, especially as regards those which are set aside for the use of children between the ages of seven and fourteen years. This problem is not confined to any particular schools or to any locality, but is general throughout the whole educational area. It is a well-known fact that a great many parents give definite instructions to their children not to sit on the latrine seats, with the result that, frequently, within a very short time of the school opening the latrines are rendered unfit for proper use for the rest of the day. Nor can parents be blamed for giving their children this advice as the fear of acquiring skin disease or verminous pollution by contact is well established in the minds of careful mothers. To meet this objection and to endeavour to keep the latrines in a wholesome, cleanly state, the Authority have introduced, with the sanction of the Scottish Board of Health, a new type of water closet in two of their schools. This type is known as the "Eastern" or "Native" type, in which there is no pedestal or seat, the rim of the basin being on the floor level. The basin is surrounded by an ample area of glazed earthenware which slopes slightly towards the basin, and on which the child stands when using the latrine. Each basin has its own flushing cistern with the usual pull chain. Should there be any fouling of the latrine, it can be flushed with a hose pipe, and in less than one minute it is thoroughly clean and ready for use. This type is at present, by the request of the Scottish Board of Health, being tried as an experiment, and at the end of six months a report on the efficacy of the latrines will be furnished. The latrines are, of course, divided into separate compartments, each furnished with a door, so that the usual privacy can be maintained.

It is not proposed, meantime, to introduce this Eastern type

into Secondary Schools, or Infant Departments, the pedestal type being at present retained. As has been previously mentioned, it is not the very young children or those above fourteen years who are the worst offenders in misusing the latrines, but, generally, those between seven and fourteen years of age. As this "Eastern" type of closet has only been in use for a few months, it would not be fitting to dogmatise regarding its superiority over all other types of school closet, but, so far, it has certainly more than fulfilled, both as regards cleanliness and sanitation, the hopes that were entertained regarding it.

In several of the schools it has been observed that, whilst wash hand basins and towels are provided for the use of the children, no soap was in evidence. This is far from satisfactory, and an adequate supply of soap should always be available for regular use. Nor is it sufficient, on the plea of economy, merely to place one small piece of soap to serve, say, a series of six basins. Economy it may be, but of the wrong type, and the procedure will, tend largely to annul the instruction which the children receive in school on personal hygiene and cleanliness. Moreover, the roller towels which are supplied should be changed, not according to the day of the week, but according to the need.

The usual routine disinfection and cleansing of the schools continue to be efficiently carried out, and where, on account of any special epidemic condition having made its appearance, extra disinfecting precautions are desirable, these are undertaken by the Sanitary Authority of the district concerned.

VI.

(A) ORGANISATION AND ADMINISTRATION.

For details regarding the above, see Report for year ending: July, 1920 (pages 8-10).

(B) SCHOOL NURSES.

1. NUMBER ON STAFF.

The number of Nurses on the staff remains the same as last year, namely, 12. These are allocated as follows:—For Inspection and Supervision, 7; for Treatment, 5.

2. DUTIES IN SCHOOL.

For detailed account of the duties of the Nursing Staff, see Report, 1919-20 (page 10).

3. DUTIES IN VISITING.

These duties have been fully explained in previous Reports. During the year under review, 515 special visits were paid to the homes of children for the purpose of "following up" certain neglected cases.

(C) ARRANGEMENTS FOR "FOLLOWING UP."

These arrangements were fully explained in the Report, 1919-20. In several instances where, as the result of home visits paid by members of the Nursing Staff, parental neglect was suspected or grossly dirty home conditions were evident, the cases were reported to the officers of the Society for the Prevention of Cruelty to Children or to the various local sanitary authorities. Thanks are due to all of these officials for their efficient help in dealing with such cases, and where, as sometimes happens, both sets of officials act in co-operation, there are undoubtedly good and lasting results.

(D) SUPERVISION OF INFECTIOUS DISEASE. INCLUDING SCHOOL CLOSURE.

For details regarding the arrangements in force in dealing with infectious diseases in schools, see Report for 1919-20 (page 11). In the Upper Ward of the County a few of the schools were this year closed for short periods on account of a rather severe epidemic of measles.

Thanks are again due to Dr J. Hume Patterson, County Bacteriologist, for having examined the various specimens submitted to him by the School Medical Officers. Dr Patterson's reports were of great help in arriving at a definite diagnosis in certain doubtful cases, especially cases of suspected Ringworm of the scalp. Ninety-nine such specimens were submitted for examination.

(E) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

For arrangements regarding co-ordination with the various Health Authorities in the County and Burghs, see Report for 1919-20 (pages 11-12). During the course of the year there were several meetings between the Chief School Medical Officers and the various Medical Officers of Health in the County, at which helpful discussions took place regarding the prevention of disease and treatment of children of pre-school age.

(F) PRESENCE OF PARENTS AT INSPECTION.

The number of parents who attend at the medical inspection of their children is a fairly constant one, averaging, in recent years, about 10 per cent. This does not mean that about 90 per cent. of parents are indifferent regarding the aims of medical inspection or the school doctor's opinion, but, rather, that the novelty of school medical inspection has worn off and the knowledge that, if any condition which will prejudice the child's health or progress is discovered at the inspection, they—the parents—will be duly notified about the condition or asked to attend at the school for a personal interview with the doctor. Thus, the fact that such a small percentage of mothers attends the routine examination is not to be taken as indicative of waning interest, but rather as a proof of quiet confidence in the

whole procedure of school medical inspection. When special cases, such as children for admission to the Invalid or Deaf Mute Classes, are to be examined, the parent, or guardian, is always specially summoned to the examination, and in the vast majority of cases the mothers appear personally. This is, of course, as it should be, as they are usually the only persons capable of giving a full and detailed history of the onset of the child's disability and of furnishing facts regarding the child's previous illnesses. The process of obtaining a concise history of a child's illnesses is usually a lengthy and somewhat trying one, and the School Medical Officer has constantly to be on the alert to restrain the verbosity of the mother and to sift the infrequent grains of useful fact from the abundant chaff of irrelevancy. But, after all, it is well worth spending the extra time in dealing with these cases, as a full clinical history of the child is thereby obtained and a much more definite prognosis regarding the child's future can be arrived at. This is specially important in dealing with cases of deaf-mutism and feeble-mindedness.

(G) SPECIAL EXAMINATIONS.

(a) *For Infectious or Contagious Diseases.*—When intimation is received from a Head Teacher to the effect that a certain infectious or contagious disease has made its appearance in his school, every endeavour is made to have the condition investigated and dealt with without delay. Frequently, the condition found is of a minor character, and the exclusion of the affected children for a few days is all that is necessary. In other cases, however, exclusion of actual sufferers for fairly lengthy periods and contact cases for the usual quarantine period is ordered, and what has every appearance of becoming a rather serious epidemic is thus stamped out. During the course of the year a short, concise memorandum on the various infectious and contagious diseases which affect school children was drawn up by the Chief School Medical Officers and issued to all Attendance Officers for their information and guidance. This memorandum briefly states the probable duration of illness of children suffering from the various diseases, the common complications which may arise, and the average periods of exclusion of the children from school. It also states what should be done in the case of "Contacts"—always a rather thorny and debatable problem, and one which very directly affects school attendance.

By far the commonest contagious condition still met with in school is Impetigo, no fewer than 547 cases having been discovered during the course of the year. In many instances the condition was of a very mild and limited character, and did not call for any long period of exclusion from school—a few days at most. On the other hand, however, 329 cases were of such a nature as to warrant notification to the Public Health Authorities and to necessitate

exclusion of the affected children from school for several days. Ringworm affecting the head or body was the next commonest contagious condition found, 66 cases being notified. It is gratifying to record that there has been a marked drop in the number of cases of Seabies ("Itch") this year, the number being 45 as compared with 88 last year. The prompt exclusion from school of all definite, or suspected, cases has an undoubtedly good effect in preventing the spread of this rather distressing condition.

It is not often that cases of the commoner infectious diseases, such as measles, scarlet fever, chickenpox, etc., are found actually in attendance at school as the children are almost invariably kept at home by their parents on the first appearance of the symptoms. The danger lies in sending the children back to school too early, especially if the case has been a mild one, before the period of infectivity has been completed. This is more liable to occur in isolated country-districts, where the obtaining of medical advice is comparatively costly and somewhat inconvenient. Reference to Table X shows that 21 cases of Chickenpox, 10 cases of Measles, and 1 case of Scarlet Fever were found at school, but these numbers are exceedingly small when compared with the actual numbers of children who suffered from one or other of these ailments during the year.

Of the various forms of Tubercular disease discovered at school, the Public Health Authorities were notified regarding 12 cases of Pulmonary, 15 cases of Glandular, 3 cases of Abdominal, and 2 cases of Osseous Tuberculosis. A considerably larger number of glandular tuberculosis and other forms of tubercular disease were recorded during the course of medical inspection, but in these cases the Public Health Authorities were already aware of the conditions and no further official notification was sent.

(b) *Absentee Pupils.*—During the course of the year under review, 352 children were specially examined on account of their prolonged absence from school. Only such cases were examined where there was a strong presumption that the excuse for absence was inadequate or where the abstention from school was suspected to be wilful and deliberate. In many cases the reasons for absence on medical grounds were found to be satisfactory, but in a considerable proportion of the cases no reasonable cause for absence could be ascertained and the parents were duly dealt with by the Local School Management Committee.

(c) *Physically Invalid Children.*—Special examinations were made of 272 physically invalid children with a view to ascertaining whether they should be exempted from all school attendance, whether they were able to attend the special classes, or whether they were able to continue at an ordinary school. Only in a few cases was

total and permanent exemption recommended. In a considerable proportion of the cases examined admission to the special classes was advised, and, where the travelling facilities were suitable, this advice was acted upon. Unfortunately, the accommodation at the special classes is still very limited, but when the building scheme which the Authority has at present in progress is completed, the problem of affording education to all invalid children should be solved, provided the child is fit to undertake the journey to and from school. Amongst the 272 children examined there were many who were recommended to continue at an ordinary school, but who would have been admitted to the special classes had there been accommodation for them. Thus it is that these invalid classes at present consist almost entirely of children who are more or less *permanently* unfit for ordinary school attendance. This is restricting the scope of these classes, as they should also be available for children who are *temporarily* unfit to attend an ordinary school, and when the conditions warrant it, this policy will be followed out.

(d) *Mentally Invalid Children.*—The number of children who were specially examined this year with a view to ascertaining the degree of mental defect from which they suffered amounted to 47. Many of the cases were found to be uneducable and were duly notified to the General Board of Control and to the Parish Council of the area in which they resided. Of those considered able to profit to an appreciable extent from attendance either at special classes or at an institution, arrangements were made to have the greater number placed in an institution, as the lack of school accommodation does not, meantime, permit of the Authority establishing additional special classes of their own. During the year the County Council opened their Home for Mental Defectives at Birkwood, Lesmahagow, and there is now ample accommodation for all institutional cases of mental defect in the County, at least so far as children are concerned.

(e) *Junior Students.*—The total number of candidates for Junior Studentships and Article 15 (b) Students examined by the School Medical Officers amounted this year to 177—composed of 20 males and 157 females.

All Junior Students and Article 15 (b) Students are examined at least once yearly during their period of training.

(f) *Visits to Special Classes.*—The special classes for Physically Invalid, Mentally Invalid, and Deaf-Mute children are visited at frequent intervals throughout the year for the purpose of keeping the pupils under close supervision. A routine monthly visit is usually paid to each of the classes, and all children whose physical condition has caused any misgiving in the minds either of the doctor or teacher, or whose attendance has been irregular, are specially

Bye-Laws under the Employment of Children Act, 1903, and Education (Scotland) Act, 1918.

Statement showing Number of Children Examined, Number of Certificates Granted or Refused, and Nature of Employment.

SCHOOL MANAGEMENT AREAS.	No. of Children Examined.	Certificates.		NATURE OF EMPLOYMENT.							Fruit Picking and Farm Work.	Miscellaneous
		Granted.	Refused.	Milk Carrier.	Delivering Newspapers.	Delivering Messages.	Lather Boy.	Shop Assistant.	Domestic Work.			
Avondale	4	4	—	4	—	—	—	—	—	—	—	—
Biggar	13	13	—	4	1	8	—	—	—	—	—	—
Blantyre	12	12	—	4	6	1	—	—	—	—	—	—
Bothwell	15	15	—	3	3	9	—	—	—	—	—	1
Cadder	22	20	2	17	1	2	—	—	—	—	—	—
Cambuslang	55	55	—	33	18	4	—	—	—	—	—	—
Cambusnethan..	23	23	—	5	10	6	2	—	—	—	—	—
Carlisle	4	4	—	1	—	3	—	—	—	—	—	—
Carnwath	3	3	—	—	1	2	—	—	—	—	—	—
Dalserf	23	23	—	3	15	4	1	—	—	—	—	—
Dalziel	38	38	—	25	2	7	1	2	—	—	—	—
Douglas...	—	—	—	—	—	—	—	—	—	—	—	1
East Kilbride	6	6	—	3	—	3	—	—	—	—	—	—
Glassford	—	—	—	—	—	—	—	—	—	—	—	—
Hamilton	52	51	1	26	6	10	5	1	—	—	—	—
Lanark	4	4	—	2	—	2	—	—	—	—	—	2
Lesmahagow	—	—	—	—	—	—	—	—	—	—	—	—
New Monkland	23	23	—	12	3	5	1	—	—	—	—	2
Old Monkland..	58	58	—	38	2	11	7	—	—	—	—	—
Rutherglen..	70	69	1	50	8	8	3	—	—	—	—	—
Shotts	11	11	—	9	1	—	—	—	—	1	—	—
Southern	—	—	—	—	—	—	—	—	—	—	—	—
Stonehouse..	3	3	—	1	—	—	2	—	—	—	—	—
	439	435	4	240	77	85	22	3	1	1	1	6

examined and their condition duly recorded in the Register specially devoted to this purpose. Occasionally it has been found advisable to exclude a child from school for a period for reasons of health, but in a large number of cases it is found that the weakly or debilitated children maintain a much better standard of health when in regular attendance at school than when they are kept at home. This is clearly shown by the poor physical condition in which many of these children return to school after the usual holiday periods, and the marked improvement seen a few weeks after resuming school attendance.

As regards the deaf-mute scholars and the mentally invalid pupils, the question of physical fitness does not arise so prominently. The vast majority of the former are of robust constitution, and of the latter only a few show physical deterioration in addition to their mental incapacity.

(g) *Employment of Children Act*.—The number of children examined this year under the above Act amounted to 439. The accompanying Table shows the districts from which the applicants came and the nature of the employment desired. It will be noted that Rutherglen and Cambuslang districts appear to be the most conscientious in the carrying out of the Authority's regulations in this matter, and it would also appear that in many of the densely populated districts there must be a flagrant disregard of the Authority's rules. Take, for example, Bothwell Parish, with a school population of over 11,000 children, where only 15 applications for employment were received this year; Blantyre, with a school population of approximately 4,000 children, submitted 12 applications; Cambusnethan, with a school population of, say, 7,000 children, 23 applications; Old Monkland, with a school population of about 12,000 children, 58 applications; New Monkland, with a school population of over 9,000 children, 23 applications; and so on. It is a common experience of the School Medical Officer to be told by parents and others that the applying for a permit for employment is purely a matter of form and that hundreds of children are in regular employment as milk carriers, as newspaper sellers, and as errand boys to shopkeepers, without having any permit from the Authority. Of all the various employers of labour, hairdressers are, probably, the most punctilious in seeing that every boy desiring part-time employment as a lather boy must be in possession of the Education Authority's permit.

Of the 439 children examined, certificates of physical fitness were refused in only 4 cases.

(h) *Adult Blind Persons*.—Applications were received from 11 Adult Blind Persons for technical training, in terms of the Blind Persons Act, 1920, and in each case the applicant was examined

by the School Medical Officer and found to be both physically and mentally fit to undergo a regular course of technical instruction. This year, the average age of those applying for training was much less than last year, when a considerable proportion of the applications came from persons above middle life. Of course, the full terms of the Act and the scope and nature of the technical training were not properly understood, and, as a consequence, applications were submitted by people who had only a most hazy and imperfect knowledge of what they were applying for. However, there now seems to be a much fuller understanding of the scheme, and the applicants this year were, as a whole, much more suitable persons to receive training.

(i) *Staff.*—During the course of the year, 7 members of the Authority's Staff (Teachers, Janitors, etc.) were examined by the School Medical Officers and reports furnished regarding their physical fitness to undertake their duties.

(j) *Special Examination of Dull and Backward Pupils.*—During the course of the session a special examination of "dull" and "backward" children in attendance at the Primary schools in the County was made by the School Medical Officers with a view to ascertaining whether there was any physical disability present, such as defective vision, impaired hearing, constitutional weakness, malnutrition, etc., which might reasonably account for a child's scholastic backwardness. Incidentally, the results obtained might prove useful to the Authority in estimating whether there was need for the setting up of special classes for backward children in any district.

The onus of selecting for examination the children who should be classified as "backward" was placed on the Head Teacher of each school, but in order to obtain, as far as possible, uniformity of selection throughout the whole educational area the teachers were requested not to include in their lists children under nine years of age or to classify as "backward" any child who was only *moderately* retarded, say, less than one year's retardation. These two conditions were agreed upon after consultation with several of the Head Teachers of some of the largest Primary schools in the County. The reasons for limiting the age to nine years and upwards, and for excluding children who showed only a very moderate degree of backwardness, are obvious. The circular note to the teachers also asked that the return should state (1) child's full name and address; (2) date of birth; (3) approximate number of years of mental retardation (1, 1½, 2, 2½, 3, etc.); (4) regularity of attendance (good, fair, bad); (5) whether the child was regularly employed out of school hours. In the event of there being no children at school coming under the category of "dull" or "backward," a nil return was to be sent.

The outstanding feature of the returns received from the various schools is the lack of anything approaching uniformity of results, and there seems to be an absence of any generally recognised criterion whereby children may be graded scholastically. At any rate, that is the only conclusion to be reached if the returns received from the schools are representative of the considered judgment of the teacher. In journals and books of a scholastic, or quasi-scholastic, nature, statistics from time to time appear purporting to give the percentages of children in attendance at the ordinary elementary public schools who can be definitely described as "backward" (or retarded) children, and although these statistics may never quite agree in detail, generally they are agreed in estimating the number of children who can be classified as "retarded," by at least one year, at not less than 5 per cent. of the school population. Terman, in "The Measurement of Intelligence," states that from 10 to 15 per cent. are retarded two years or more; and that from 5 to 8 per cent. are retarded at least three years. These figures are applicable to the United States of America, and may, or may not, equally apply here, but the astonishing thing is that from no fewer than six of the largest Primary schools in this County, with average attendances ranging from 965 to 445, a Nil return was submitted. Not a single "dull" or "backward" child in any of these schools! From four schools, with an average attendance ranging from 671 to 565, a return of 1 "backward" pupil in each school was obtained; and from four schools, where the average attendance is from 725 to 370, a return of 2 "retarded" children was sent in each case! It should also be noted that of the fourteen schools above mentioned, thirteen of them are distinctly urban schools, situated in the most densely populated districts of the County, and draw their children from what is known as "tenement" property.

Surely, there has been some error in the classification of the cases. Can it be possible that certain teachers are confusing the term "backward" with "feeble-minded"? It is well known that the standard of intelligence in this country is a very high one, but patriotic zeal should not blind one's eyes to the mental imperfections that are inherent in every race—even the Scottish.

On the other hand, from certain other schools—but these were few in number—a very high, perhaps too high, percentage of "backward" children was returned. Thus, one rural school, with an average attendance of about 280 children, submitted 38 "backward" pupils, whilst another rural school, with an average attendance of about 220 children, submitted a list of 30 "retarded" cases. It may be that such anomalies in the returns are due, on the one hand, to the standard of scholastic attainment being fixed at an unusually low level, and, on the other, to the standard being fixed at a very high level. In any case, it has to be admitted that, until some

approximately common standard can be agreed upon by the teachers, it is futile to compare the numbers of "backward" children in any one district with those in any other district; indeed, it is impossible to compare the returns of any one school in a district with those of another school in the same district.

An analysis of the results of the examinations is of interest. It was found that, apart from the two principal defects, namely, defective vision and hearing, there were practically no other defects discovered which might reasonably be expected to interfere so grossly with a child's educational progress as to cause him to be classified as a "dull" or "backward" pupil. Hence, in the accompanying Table, all the pupils who had normal vision or hearing are classified as "sound," meaning, thereby, that in these pupils no physical disability could be discovered which might reasonably account for their marked mental backwardness. It will be seen that throughout the whole educational area 1,798 "dull" or "backward" pupils were submitted to a very thorough, searching examination by the School Medical Officers. Markedly defective vision was found in 276 cases, and 103 cases were found to exhibit more or less pronounced defective hearing.

Of the cases of defective vision, a considerable proportion had already been under the care of the Authority's Ophthalmic Surgeons, but in many instances the parents had refused to sanction anything being done in the matter of treatment. A considerable number of children were found who could not recognise the letters of the alphabet and the ordinary numerical signs (figures), or, perhaps, could recognise the one, but failed completely with the other. All these children—39 in number—will be brought before the Authority's Ophthalmic Surgeons with a view to ascertaining whether they are suffering from letter, word, or figure blindness. As regards the cases of defective hearing, generally a history of long-continued ear discharge was obtained with, frequently, a mastoid operation. In a few cases the deafness might reasonably be attributed to the presence of large plugs of wax in the ears or to the presence of enlarged tonsils and adenoids.

However, after having excluded those cases where the scholastic retardation might possibly be accounted for by the presence of certain adverse physical conditions, there still remain 1,419 children whose backwardness must be due to some lack of proper mental development. Think what this means. It means that scattered throughout the classes in the Elementary Schools in the County there are at least 1,419 children (and this number almost certainly falls far short of the actual) who are from 1 to 6 years mentally retarded; it means 1,419 drags on the wheels of education in the County; it means 1,419 heartbreaks to the class teachers. There

is no doubt that the need for special classes for "dull" and "backward" pupils is great in practically every district, and, when circumstances permit, it might be possible to have at least one such class in each of the larger elementary schools, or even to have, in the urban districts, central classes for these children, where instruction would be given in accordance with the mental capabilities of the child.

The following Table shows the numbers of retarded children submitted for special examination from each School Management Area; the numbers who, on examination, were found to have marked defect of sight or hearing; and the number of children in whose case there was no special physical disability which might cause definite mental dullness or backwardness.

School Management Area.	No. Examined.	Cases of Defective Vision.	Cases of Defective Hearing.	Cases showing no Special Physical Disability.
Avondale	17	2	—	15
Biggar	16	2	2	12
Blantyre	110	22	2	86
Bothwell	139	14	9	116
Cadder	90	14	8	68
Cambuslang	51	6	1	44
Cambusnethan	103	15	7	81
Carluke	39	3	8	28
Carnwath	36	4	1	31
Dalserf	80	7	1	72
Dalziel	241	50	25	166
Douglas	29	1	1	27
East Kilbride	20	—	—	20
Glassford	5	1	—	4
Hamilton	106	19	—	87
Lanark	49	8	4	37
Lesmahagow	13	2	—	11
New Monkland	236	45	21	170
Old Monkland	207	32	6	169
Rutherglen	71	13	1	57
Shotts	107	14	6	87
Southern	10	1	—	9
Stonehouse	23	1	—	22
<hr/>		1,798	276	103
<hr/>				1,419

VII.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A) TOTAL NUMBER OF CHILDREN EXAMINED.

(a) At Systematic Examinations:—

		Boys.	Girls.
Entrants (6 years old and under)	...	5,226	5,097
Intermediates (9 years old)	...	5,673	5,680
Seniors (12 years old)	...	5,185	5,138
Secondary Pupils (16 years old and over)	201	183	
		16,285	16,098
Total	...	...	32,383

(b) Special Cases (non-routine)	...	...	5,045
Grand Total	...	...	37,428

(c) Pupils examined at Re-visits:—

Number examined at 1st Re-visit	...	10,931
„ „ „ 2nd „ „	...	9,388
„ „ „ 3rd „ „	...	2,757
„ „ „ 4th „ „	...	1,093
		24,169

(d) Examination of Junior Students:—

Entrants ...	...	...	177
During Training (1st, 2nd, and 3rd years)			358

(e) Examination of Physically and Mentally Invalid Children in attendance at Special Classes:—

1. Physically Invalid ...	...	...	311
2. Mentally Invalid ...	...	...	15

(f) Special Examination of Physically and Mentally Invalid Children:—					
1. Physically Invalid	272				
2. Mentally Invalid	47				
(g) Special Examination of Irregular Attenders and Chronic Absentees:—					
Number examined	352				
(h) Special Examination of Dull and Backward Children:—					
Number examined	1,798				
(i) Examination of Children under Employment of Children Act (1903):—					
Number examined	439				
(j) Examination of Adult Blind Persons (Blind Persons Act, 1920)	11				
(k) Examination of members of the Authority's Staff	7				

SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

1. Dental Treatment:—					
Number of Children Dentally Examined	54,207				
Number of Children Notified	32,863				
Number of Children Dentally Treated ...	12,483				
2. Visual Treatment:—					
Number of Children Treated by the Ophthalmic Surgeons	2,350				
Number of Children Re-examined by the Ophthalmic Surgeons	3,019				
Number of Attendances at the Ophthalmic Clinics	5,369				
3. Ear, Nose, and Throat Treatment:—					
Number of Children Treated by Nose and Throat Specialist	144				
Number of Attendances at Treatment Centres	608				

(B) NUMBER OF CHILDREN NOTIFIED TO PARENTS AS SUFFERING FROM DEFECTS.

During the course of the year the number of children notified to parents on account of one or other of the various defects discovered at school—exclusive of dental defects—amounted to 11,207, and the number of defects from which these children suffered totalled 16,609. Reference to Table B shows that, of the total number of defects found, conditions due to personal uncleanliness accounted for no fewer than 6,457, *i.e.*, nearly 39 per cent. This shows an increase of 2 per cent. as compared with last year's figures. There seems to be no doubt that the long period of industrial distress accounts in large measure for the very serious increase of uncleanliness amongst school children. For example, for the year 1919-20, when money was plentiful and work abundant, conditions of uncleanliness accounted for 25 per cent. of the total defects found; and for the year 1920-21, when the slump in trade had commenced but had not become acute, the corresponding percentage was 27. In the year 1921-22, when the prevailing industrial conditions were being more keenly felt, the percentage of uncleanly conditions in school children rose to 32; in 1922-23 to 37, and this year to 39. Of course, it can be rightly argued that poverty is no excuse for uncleanliness, but the fact remains that the two conditions are generally closely allied, and with a return to more normal conditions of living a marked improvement in the personal cleanliness of the children is to be reasonably expected. Meantime, a steady and constant pressure is being exercised on all the parents concerned, and as a result a definite improvement was obtained in 3,194 cases.

The principal defects calling for notification (*i.e.*, conditions discovered which require immediate attention) were:—Uncleanliness of head or body, 6,457; unsatisfactory clothing and footgear, 796; defective vision (including squints), 4,255; external eye disease, 756; enlarged tonsils and adenoids, 1,457; diseases of the ear, 518; diseases of the skin (including impetigo, scabies, and ringworm), 847; disorders of heart and circulation, 253; lung affections, 142; enlarged lymphatic glands, 211.

In addition to the foregoing, 32,863 children were notified on account of defective teeth. A detailed account of the dental condition of the school children in the County is given in the dental statistics incorporated in this Report (page 46).

The following statistical Tables (D to X) show the numbers and percentages of children who suffered from one or other of the conditions mentioned.

(C) NUMBER OF CHILDREN RECEIVING ATTENTION,
EXCLUSIVE OF DEFECTIVE TEETH.

Of the 11,207 children notified as suffering from some defect, 7,008, or 62.5 per cent., were found, at subsequent examination, to be cured, improved, or under treatment.

Of the cases of visual defect, 2,350 were treated by the Authority's Ophthalmic Surgeons, necessitating 5,369 attendances at the Eye Clinics. A detailed statistical statement on the Authority's scheme of visual treatment, with commentaries by the various Ophthalmic Surgeons, is included in this Report (pages 40-45).

A regards diseases of the Ear, Nose, and Throat, 144 children were treated, necessitating 608 attendances at the Clinic by the Authority's Rhinologist. Details of the treatment provided are given in this Report under a special heading (page 48).

(D.) CLOTHING.

Number Examined.	Systematic Cases.						Special Cases. Number found Defective.	
	Insufficient.		In need of Repair.		Dirty.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
32,383	86	.26	557	1.72	1564	4.83	312	

(E.) FOOTGEAR.

Number Examined.	Systematic Cases.		Special Cases. Number found Unsatisfactory.
	Unsatisfactory.	Percentage.	
32,383	569	1.76	38

(F.) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years,	5½	9½	12½
County of Lanark Average, ...	42	50	56·5
Anthropometric Standard, ...	42·5	50·7	56
Difference,	-0·5	-0·7	+0·5

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years,	5½	9½	12½
County of Lanark Average, ...	42	50·5	56
Anthropometric Standard, ...	41·8	50	56·8
Difference,	+0·2	+0·5	-0·8

BOYS—AVERAGE WEIGHT IN LBS.

Average Age in years,	5½	9½	12½
County of Lanark Average, ...	41·25	61	79·5
Anthropometric Standard, ...	42·1	64·9	79·4
Difference,	-0·8	-3·9	+0·1

GIRLS—AVERAGE WEIGHT IN LBS.

Average Age in years,	5½	9½	12½
County of Lanark Average, ...	40·5	56	78·5
Anthropometric Standard, ...	41·0	59·3	80·2
Difference,	-0·5	-3·3	-1·7

(G.) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Dirty (including Nits).	Per cent.	Verminous.	Per cent.	No. found defective.
32,383	4678	14.44	812	2.50	947

(G.) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Verminous.	Per cent.	No. found defective.
32,383	2765	8.54	1042	3.21	778

(H.) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.								Special cases.	
No. Examined.	Ring-worm.	Per cent.	Impetigo	Per cent.	Favus.	Per cent.	Other Diseases.	Per cent.	No. found defective.
32,383	19	.059	146	.45	1	.003	110	.34	192

(H.) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.								Special cases.	
No. Examined	Ring-worm.	Per cent.	Impetigo	Per cent.	Seabies.	Per cent.	Other Diseases.	Per cent.	No. found defective.
32,383	3	.009	179	.55	18	.056	386	1.19	258

(I.) NUTRITION.

No. Examined	Systematic Cases.						Special Cases. Number found Defective.	
	Average and above Average.		Below Average.		Very bad.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
32,383	31,611	97.61	732	2.26	40	.12	61	

(J.) TEETH.*

No. Examined.	Systematic Cases.						Special Cases. Number found Defective.	
	1-4 Decayed.		5 or more decayed.		Oral Sepsis.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
10,707	4638	43.31	430	4.01	93	.28	144	

*12 year group, 16 year group, and selected cases only.
6-11 years group included in Dental Surgeons' Report.

(K.) (a) NOSE.

No. Examined.	Systematic Cases.						Special Cases. Number found Defective.	
	Catarrh.		Obstruction.		Other Diseases.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
32,383	1899	5.86	597	1.84	21	.06	123	

(K.) (b) THROAT.

Systematic Cases.

Systematic Cases.		Special Cases.			
Number Examined.	Tonsils.	Adenooids.		Other Diseases.	Number found Defective.
		Markedly Enlarged.	Probably Present.		
Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
5280	16.30	957	2.95	795	2.45
32,383				301	.93
				24	.07
					358

(K.) (c) LYMPHATIC GLANDS (Submaxillary and Cervical).

(L.) EXTERNAL EYE DISEASES.

Number Examined.	Systematic Cases.						Special Cases.	
	Elepharitis.		Conjunctivitis.		Corneal Opacities.		Strabismus.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
32,383	610	1.88	201	.62	125	.38	553	1.70
							181	.56
							667	667

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(M.) VISUAL ACUITY.

Number Examined.	Systematic Cases.						Special Cases.	
	Good Vision.			Fair Vision.			Bad Vision.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
*22,060	17,481	79.21	3895	17.65	684	3.10	1216	1216

*Infant Children not included.

(N.) EARS.

Number Examined.	Systematic Cases.				Special Cases.	
	Otorrhœa.		Wax.			
	Number.	Per cent.	Number.	Per cent.		
32,383	282	.87	408	1.26	16 159	

(O.) HEARING.

Number Examined.	Systematic Cases.				Special Cases.	
	Slightly Deaf.		Markedly Deaf.			
	Number.	Per cent.	Number.	Per cent.		
32,383	168	.52	22	.07	99	

(P.) SPEECH.

Number Examined.	Systematic Cases.			Special Cases.
	Defective Articulation.		Stammering.	
	Number.	Per cent.	Number.	Per cent.
32,383	206	.64	79	.24

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(Q.) MENTAL CONDITION.

Number Examined.	Systematic Cases.			Special Cases.
	Dull or Backward.		Mentally Defective.	
	Number.	Per cent.	Number.	Per cent.
32,383	229	.707	36	.11

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(R.) HEART AND CIRCULATION.

Number Examined.	Systematic Cases.						Special Cases.	
	Organic.		Acquired.		Functional.			
	Congenital.	Number.	Number.	Per cent.	Number.	Per cent.		
32,383	6	.019	104	.32	220	.68	1014 3.13 146	

(S.) LUNGS.

Number Examined.	Systematic Cases.						Special Cases.	
	Chronic Bronchitis.		Tuberculosis Suspected.		Other Diseases.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
32,383	860	2.65	6	.018	5	.015	32 .09 57	

(T.) NERVOUS SYSTEM.

Number Examined.	Systematic Cases.						Special Cases Number found Defective.	
	Epilepsy.		Chorea.		Infantile Paralysis.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
32,383	14	.04	16	.05	39	.12	51	

32

(U.) TUBERCULOSIS (NON-PULMONARY).

Number Examined.	Systematic Cases.						Special Cases Number found Defective.				
	Glandular.		Bones and Joints.		Skin.						
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.					
32,383	10	.030	30	.092	5	.015	1	.003	1	.003	40

(V.) RICKETS.

Number Examined.	Systematic Cases.			Special Cases.
	Slight.	Marked.	Number.	
			Number.	Per cent.
32,383	327	1·01	14	·04
				8

(W.) DEFORMITIES.

Number Examined.	Systematic Cases.			Special Cases.
	Congenital.	Acquired (Non-Rachitic).	Number.	
		Number.	Per cent.	Number.
32,383	129	·39	190	·59
				33

(Y) OTHER DISEASES AND DEFECTS.

In addition to the conditions recorded in the foregoing Tables, a considerable number of less common defects were discovered during the course of the examination of the children. On the whole, these conditions were of minor importance and were not likely to interfere either with the child's educational progress or his physical development. In some instances, however, where it was considered that the child's health was likely to be adversely affected, the parents were communicated with and urged to have the child placed under medical care without delay.

Of the other diseases or defects discovered many were duly noted for further observation. Enlargement of the thyroid gland was observed in 156 cases, chiefly amongst girls of from 12 years upwards. In none of the cases were there any accompanying nervous or cardiac symptoms, and as the increase in the size of this gland is frequently an accompaniment of certain physiological changes no special importance was attributed to the condition meantime. The following are a few of the less common conditions which were recorded:—

Enuresis, 11; Cyst, 13; Hypothyroidism, 6; Stomatitis, 3; Graves' Disease, 1; Furunculosis, 7; Mastitis, 3; Haemophilia, 1.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. PHYSICALLY INVALID CHILDREN.

There has been no increase this year in the number of Centres at which instruction is given to physically invalid children, but at some of the existing Centres there has been an addition to the number of classes. A commencement has now been made with the building of the special school, near Coatbridge, for invalid children, and this school, when completed, should adequately meet the normal needs of the Monklands' Area for many years. The problem of providing education for invalid children in Bothwell Parish has not yet been faced, and in this densely populated district the need is very great. The present accommodation at Knowetop School, Motherwell, falls far short of what is necessary, and can only meet the demands of the most urgent and pressing cases. The question of the provision of special schools for invalid children has been very fully discussed in recent Reports, and nothing has arisen in the interval to alter the School Medical Officers' opinion regarding the urgent necessity for such schools.

X

INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

The following Tabular Statement shows the number of Scholars excluded from attendance at School by the School Medical Officers, the disease or cause for which exclusion was necessary, and the various Sanitary Areas in which the conditions occurred :—

SANITARY AREA.	Mumps.	Ringworm.	Favus.	Scalies.	Impetigo.	Epidemic Conjunctivitis.	Other Eye conditions.	Pulmonary Tuberculosis.	Glandular Tuberculosis.	Osseous Tuberculosis.	Abdominal Tuberculosis.	Scarlet Fever.	Measles.	Chickenpox.
COUNTY—														
Upper Ward, ...	...	16	...	5	15	1	...	...	...	...	...	...	...	1
Middle Ward, ...	2	20	...	19	85	20	9	10	8	2	1	1	7	14
Lower Ward, ...	...	2	...	1	35	...	...	...	...	...	...	...	...	1
BURGHS—														
Airdrie, ...	...	1	...	2	46	2	3	...	...	...	...	...	...	1
Biggar, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coatbridge, ...	...	7	...	6	57	5	...	1	2	...	...	...	...	1
Hamilton, ...	...	7	1	4	54	18	2	1	...	...	1	...	...	2
Motherwell, ...	...	8	...	7	12	...	2	...	2	...	1	...	...	...
Lanark, ...	...	5	...	...	...	...	...	...	...	...	...	...	...	...
Rutherglen, ...	2	2	...	...	19	1	...	...	3	...	...	...	2	1
Wishaw, ...	...	...	...	1	6	...	...	...	...	...	...	...	3	...
TOTAL, ...	4	68	1	45	329	47	16	12	15	2	3	1	10	21

At present, special classes are conducted at Gateside Public School, Cambuslang; Coatbridge Public School, Coatbridge; Woodburn House, Hamilton; and Knowetop Public School, Motherwell.

2. MENTALLY INVALID CHILDREN.

At present the Authority have only one special class for mentally invalid children, namely, at Knowetop Public School, Motherwell. A considerable number of feeble-minded children, however, are each year sent for education to one or other of the special Institutions, such as Birkwood House, Lesmahagow, and St. Charles' Institution, Whiteinch.

3. BACKWARD CHILDREN.

This year a special examination was conducted of a considerable number of dull or backward children in attendance at the primary schools in the County. The results of this examination are fully dealt with in a separate section of the Report, under "Special Examinations" (page 16). In several of the larger primary schools a special class for backward children is conducted, but the need for further classes is still urgent. Lack of school accommodation, however, is the principal bar to a general extension of this branch of education.

4. BLIND AND PARTIALLY BLIND CHILDREN.

The Authority has, meantime, no special schools or classes for dealing with this type of child. All blind children, and those who, although not totally blind, are "educationally blind," are placed in special institutions to be educated. It is the intention of the Authority to provide facilities for the education of "high myope" cases in the special schools to be built for invalid children.

5. DEAF AND DEAF-MUTE CHILDREN.

Special classes for these children have been in operation in Hamilton for many years. Formerly, they were conducted at St. John's Special School, but at present they are held in Woodburn House. These classes amply serve the needs of the immediate neighbourhood, and children from other parts of the educational area are sent to special institutions for training, such as Donaldson's Hospital, Edinburgh; The Royal Edinburgh Deaf and Dumb Institution; and St. Vincent's Institution, Tollcross.

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For arrangements see Report for year ending 31st July, 1920.
(page 27.)

X.

FEEDING OF CHILDREN.

As has been reported previously, arrangements are made for the supplying of meals to all children in attendance at the special schools or classes for invalid children. The food provided is excellent in quality and generous in quantity. Biscuits and milk are served out to the children at 10.45 a.m., and at 12.30 p.m. a hot meal, of two courses, is given.

Arrangements are also in force for the supplying of meals to "Necessitous" children in attendance at the ordinary schools, and for the year ending 31st July, 1924, 1331 meals were provided for these children.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

The Authority's scheme is limited, meantime, to the correction of visual defects, and to the treatment of minor ailments of the eyes, of defective teeth, and of diseases of the ear, nose, and throat. The last-mentioned branch of treatment is not as fully taken advantage of as one would like, but that will be corrected in time when the benefits arising from the treatment are more fully understood and appreciated by the public. Doubtless, the fact that the majority of the throat and nose cases necessitates an "operation" for their cure has a certain deterrent effect on the parents' authorisation of treatment being readily given. The radical cure of enlarged tonsils and adenoids involves the administration of a general anaesthetic, and although the liability to any mishance is exceedingly remote, it cannot be altogether eliminated. Hence, the relatively smaller number of cases coming forward for treatment of adenoids and tonsils compared, say, with visual defects.

On taking a survey of the scheme of treatment which has now been in operation for about twelve years, very interesting facts stand forth. It has to be remembered that when treatment was first authorised by the Scotch Education Department, individual School Boards in the County, although they combined as regards the scheme of

Medical Inspection, were permitted to make their own arrangements as regards the carrying out of their Treatment schemes. The majority of the constituent School Boards agreed to entrust their scheme of treatment to the Secondary Education Committee, who were responsible for the Medical Inspection Scheme, but certain of the larger School Boards conducted their own scheme of treatment up to the time of the amalgamation of all the Boards into the County Education Authority in 1919. The present scheme is now applicable to every part of the whole educational area, and the fact that a child resides in some remote village constitutes no serious barrier to his receiving the full benefits of the Authority's Treatment Scheme.

Prior to the Authority assuming the full control of the treatment of school children in 1919, the average number of children annually receiving dental treatment in the schools was 2020, but since the year 1919 the numbers have very markedly increased. Thus, for the year 1919-20, 9039 children were dentally treated; for 1920-21, 11,586 were treated; for 1921-22, 12,748 received treatment; for 1922-23, 10,879 were treated; and for the present year (1923-24), 12,483 children were treated. Altogether, since treatment was first authorised in 1912, no fewer than 59,291 school children have received dental treatment at the School Clinics.

The statistics regarding visual treatment are equally interesting. This branch of treatment has, from the very commencement of the scheme, been more popular with the children, and has appealed more forcibly to the parents than school dentistry. Prior to the amalgamation of all the School Boards in 1919, the average number of school children annually receiving visual treatment in the County was 1114. In the year 1919-20, 2014 children were treated at the School Clinics; during 1920-21, the numbers were 2122; during 1921-22, 2947 received treatment; during 1922-23, the numbers were 2347; and the numbers for the present year (1923-24) are 2350. Altogether, since visual treatment began, the total number of children actually treated for defective vision at the School Clinics amounts to 19,577.

As regards diseases of the ear, nose, and throat, the total number of cases treated under the Education Authority's (or School Boards') scheme of treatment amounts to 798.

With the appointment of two additional whole-time dental surgeons, who will commence duty at the beginning of next session, it is hoped that the number of school children in this County who will annually receive dental treatment will approximate 18,000. The

figures given under the foregoing paragraph relating to visual treatment only take account of individual cases treated, and do not show the number of attendances made at the Clinics. If this were to be considered, the figures (19,577) would have to be increased by, approximately, 90 per cent.

It might not be advisable at this stage, when a general survey of the scheme of treatment is being made, to address a few words to those on whom rests the great responsibility of the care of school children, namely, the school teachers, and, especially, the Head Teachers. When the scheme of Medical Treatment was added to that of Medical Inspection, in 1912, it was a great innovation. One is bound to admit that this new departure in school organisation did not meet with the approval of all parents, or all school teachers, nor, unfortunately, of all medical practitioners. The feeling that this new department was an unwarranted interference has now almost passed away, and has mainly been replaced by a conviction that it is a very necessary service. But more remains to be done. If the teacher and the family doctor have realised that the work is of real value, they have perhaps not yet realised to what an extent the education of the parent is necessary in order that the defects of eyesight, of teeth, of the ears, nose, and throat, and, in short, of general health, may be attended to without that delay which is so hurtful to the well-being of the community of which the children are, after all, the principal members. It is to be hoped that not merely the acquiescence, but the whole-hearted co-operation of the parent may ultimately be obtained in the work of the medical staff of the Education Authority, and that thereby early attention to defects of all kinds may result in better health and greater efficiency of the population as a whole.

If the ideal is to be even approximately realised, the co-operation of the parent must be obtained. That is the main point. Upon whose shoulders rests the responsibility of advising the parents in the best interests of the child? The answer obviously is—Upon the shoulders of the family doctor and the school teacher. Experience has shown that when there is want of enthusiasm and interest on the part of these two, the work of the School Clinic is not nearly so effective as it should be, but where there is whole-hearted co-operation, everything goes smoothly and the results are excellent. One can tell in any district—one can indeed tell in the case of any particular school—by the results obtained, whether the Head Teacher is active in support of the Authority's scheme or whether he is more or less indifferent. The attitude of the parents, no less than the attention of

TABLE A.—All Pupils Examined at the Systematic Examination for the Year ending 31st July, 1924.

SCHOOL MANAGEMENT AREAS.		SCHOLARS EXAMINED IN EACH GROUP.										*Conditions Notified.	Average Number of Scholars on Register.		
		Infants (6 years & under).		Age Group (9 Years).		Seniors (12 Years).		Higher Grade (16 Years.)		Selected Cases.					
		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.				
Avondale,	...	65	53	47	51	42	43	...	...	16	10	327	74	857
Biggar,	...	26	26	33	35	32	25	6	4	9	7	203	31	629	
Blantyre,	...	123	123	225	223	191	205	...		50	71	1211	642	3719	
Bothwell,	...	757	747	716	733	655	689	12	46	319	379	5053	2811	12802	
Cadder,	...	205	259	217	199	184	197	..	..	115	126	1502	507	3729
Cambuslang,	...	329	340	287	306	268	254	8	4	165	166	2127	1135	5246	
Cambusnethan,	...	225	233	335	341	356	314	16	19	122	147	2108	738	6439	
Carluke,	...	119	131	110	103	92	109	..	..	47	29	740	149	1875
Carnwath,	...	88	112	68	74	76	66	..	..	13	28	525	147	1412
Dalserf,	...	211	173	230	231	226	214	10	8	51	73	1427	531	4391	
Dalziel,	...	275	239	582	564	519	467	35	23	193	151	3048	1287	10744	
Douglas,	...	45	22	32	29	26	28	..	..	12	9	203	33	506
East Kilbride,	...	48	55	37	38	25	39	..	..	9	26	277	92	682
Glassford,	...	16	17	14	18	13	18	..	..	5	9	110	41	245
Hamilton,	...	379	367	571	582	512	491	46	46	216	292	3502	1585	10217	
Lanark,	...	184	168	150	162	170	166	11	7	52	44	1114	219	3109	
Leamahagow,	...	172	142	125	116	126	128	..	..	17	34	860	246	2311
New Monkland,	...	532	502	513	492	442	484	12	4	278	315	3574	1236	9248	
Old Monkland,	...	729	725	711	710	638	659	25	20	340	405	4962	2756	12598	
Rutherglen,	...	246	230	295	314	296	275	20	2	158	175	2011	1140	5212	
Shotts,	...	363	355	314	291	230	225	..	..	163	173	2114	1117	5086
Southern,	...	34	32	19	24	18	15	..	..	..	1	143	16	359
Stonehouse,	...	55	46	42	44	48	27	..	..	11	14	287	74	742
TOTALS,	...	5226	5097	5673	5680	5185	5138	201	183	2361	2684	37428	16607	102158	

*Defective Teeth not included.

TABLE B.—SHOWING THE REMEDIAL MEASURES INSTITUTED.

NOTE.--For Dental Statistics see separate Report

the children to the instructions given by the medical staff, is quite characteristic of the particular *vis à tergo* which is in operation.

The responsibility of the Head Teacher has been spoken of. He should endeavour to educate the parent whenever the opportunity presents itself, by impressing on her—it is usually the mother—the absolute necessity of attention to the child's defects, and so supplement the efforts of the Authority's medical staff in this direction. Head Teachers and Class Teachers come into close touch with the family life of their pupils, and exercise an influence more potent than many of them realise. Luke-warmness never yet achieved any definite goal, and what is wanted is "team work" in every school—Head Teacher, Class Teacher, and Medical Officer all engaged in an enthusiastic and united effort to do their very best for the child who has been entrusted to their care. What has again to be emphasised is that School Medical Inspection and Treatment are now an integral part of the organisation of every school in the County.

One other point might also be mentioned in this connection, namely, that one thing of the many which prevents some children, especially boys, from wearing their spectacles regularly is the "chaff" from which they suffer, and which they have not sufficient moral or mental courage to put up with. Now, any teacher who chose to take this subject in hand could educate his pupils to understand that one of the things which "simply are not done" is to mock their fellows upon personal defects of any kind, such as squint, and especially upon the unfortunate necessity of wearing glasses. One cannot eradicate ill-nature, but education might help, at least, greatly to lessen it.

REPORT ON VISUAL TREATMENT.

The following Reports for the year ending 31st July, 1924, have been received from the various ophthalmic surgeons:—

(DR ERNEST THOMSON.)

CENTRES:

**Abington, Airdrie, Bellshill, Biggar, Cadder,
Carluke, Carnwath, Lanark, Lesmahagow.**

During the current year there has been a very considerable increase in the number of children examined and treated as compared with the previous year. At the above-named Centres there attended as new cases, in 1922-23, 516 children, and in 1923-24, 692 children; 1922-23 being to 1923-24 approximately as 75 to 100.

It has occurred to the writer that it would be interesting to compare these results with the results of the first complete year of the treatment scheme, namely, 1914-15, bearing in mind that the war has intervened. Had the scheme been working normally for ten years, no doubt the increase would have been much greater, but as it is, even with all the disturbance which took place in the intervening war years, the numbers treated at the Centres named are just twice the number in 1914-15. Bellshill Area being omitted, since it was not included in the original scheme of the Secondary Education Committee, 256 children were treated for the first time in 1914-15, as compared with 518 in 1923-24. The increase is rather more marked in the rural than in the urban areas, a fact which seems to suggest that the country dweller requires a longer time to appreciate new things than does the citizen. Too much need not be made of this suggestion, since that famous American, Henry Ford, may, after all, have a good deal to do with the appearance of a greater number of children at country Centres than formerly.

In the annual Reports for the past ten years so much advice on eye disease in children has been offered to all concerned, school authority, parent, teacher and family doctor—advice which it is hoped may be considered good advice—that it becomes more and more difficult, year by year, to say anything new, especially since “what is new is seldom true: what is true is seldom new.” And in any case the Preacher said “there is nothing new under the sun.”

Therefore we must be content with what is old and possibly true.

The most important ocular troubles in children are squint, inflammation of the cornea (the clear part of the eye) and myopia (short-sight). It is possible that the degree of importance of these is in the order given.

Firstly, as to squint. (It may be said incidentally that the statistics of squint in Lanarkshire school children to-day are almost identical with those in 1914.) When squint occurs it does so in most cases because there is a visual defect. This visual defect is by no means always due to an error of focus (error of refraction) which, had it been corrected early enough, would not have

led to squint. We see, therefore, that if we could examine the eyes of all children in infancy we might prevent the occurrence of a large number of squints. In the meantime we cannot do this to any appreciable extent, partly because the public in general is not yet prepared for the innovation, but mainly because of the expense involved. When considering this subject it is essential to remember that squint is not merely a cosmetic blemish. It is most often due (*pace* those who attribute it to all sorts of conditions) to an error which involves defective vision before the squint appeared. This defect might have been rectified and the squint probably prevented by the fitting of spectacal correction. Further, after the squint has occurred the vision tends to get still worse, and may do so very quickly. Many squinters have only one-tenth of normal vision in the squinting eyes, and some even less. We see, then, that the ideal treatment of many cases—not all—is the prevention of the occurrence of the squint. We cannot meantime reach the ideal. What we can do is to prevent the progressive deterioration of vision by correcting the error the very moment the squint appears, the very moment we are made aware by the appearance of the squint that there is a refraction error. How seldom can we even approach the ideal! How often do we find a host of squinters among the entrants at a school! The Education Authority's staff does its best to report these children for early treatment; the School Oculists are doing their best to attend to them as soon as possible. Will the Head Teachers help by immediately reporting direct to the Principal School Medical Officers any cases of squint which develop after the commencement of school life? These early cases are those for whom most can be done, for the reasons already stated. It is a small step towards the ideal referred to, namely, prevention, but it is a step.

Lastly, some figures. The average percentage of squinters among school children of 5-6 years is 3 per cent. Think what it means. Three per cent. of children are liable to grow up with a partially blind eye. That is, 30,000 in every million or about 1,200,000 in the British Isles.

Secondly, inflammation of the cornea. When this takes place there is very frequently ulceration. When the ulcers heal, a more or less opaque scar remains. This scar breaks up the rays of light passing into the eye, and causes distortion of the image formed on the retina—the sensitive layer of the interior of the eye. A distorted and blurred image means, of course, defective sight. Defective sight is bad enough, but often it is followed by squint, and, in this case no improvement by glasses is likely to be obtained. No child with an inflamed eye should be allowed to attend school without medical permission, and all such cases should be reported to the Principal School Medical Officer without waiting for a visit from the inspecting medical staff.

Thirdly, Myopia. In myopia, or short-sight, in contradistinction to the other types of refraction or focus error, we are dealing with a more or less actually diseased condition of the internal coats of the eye, which tends to increase. It is not possible for a layman to say whether a child has short-sight as opposed to some other error of refraction, but, in any case, if a child holds his book very close and cannot see the teacher's writing on the blackboard, he should be reported to the Principal School Medical Officer for examination, and meanwhile should be given a seat in the front of the class.

It has been indicated that myopia is often a progressive disease. For this reason children with progressive myopia may be excluded from school by the oculist for two, three, or even six months. The Head Teacher is notified to that effect by the School Medical Officer, yet one finds, sometimes, that such children are attending school before their period of exclusion has expired. Head Teachers should not only not expect such children to attend before the period of exclusion has expired, but they should refuse to allow them to attend. Myopia is a disease which demands the strict carrying out of the oculist's instructions in the interest of the ultimate adult eyesight and efficiency. It is unfortunate that myopic children are very frequently the best scholars in the school. Nevertheless, and for the very reason that they are greedy of books, it may be necessary, purposely, to keep them back in their own interest.

There are many other causes of defective sight in school children, and many a so-called backward child acquired that unenviable distinction because he or she does not see properly. No child should be upbraided for not getting on at school until the question of sight has been investigated. Such a child may have a refraction error and require glasses, may have cataract, internal disease of the eye, scars upon the cornea, and so on, or, on the other hand, may be word-or-letter-blind (a brain defect), may be hysterically inclined, or, lastly, may be a moulderer. It would baffle any layman to distinguish the last three from one another, and, in any case, the simple rule is to report to the Principal School Medical Officer without delay.

The summary of the work done during the session at the Clinics mentioned at the beginning of this Report is as follows:—

Number of cases examined, 692; number of children who were re-examined and had their spectacles checked, 713; total number of attendances at the Clinics, 1,405.

(DR JOHN A. MORTIMER.)

CENTRES:

Baillieston, Blantyre, East Kilbride, Larkhall, Shotts,
Strathaven, Uddingston, Wishaw.

The Summary of work during the past session shows that out of a total of 639 cases examined there were 131 more girls than boys. Girls, therefore, seem to be more liable than boys to affections causing defective vision. Although the types of cases, examined from year to year, are in the main of a similar nature, yet statistics of their groups are of the greatest value in furthering knowledge as to their origin and, subsequently, to advance in treatment, the result being that the children of to-morrow pass out into the current of life more useful members than those of yesterday. Several interesting cases of intraocular eye disease presented themselves during the session's work, but the following three subdivisions demand our special attention, as they constitute a fairly large and the more important part of the work done.

(a) EXTERNAL EYE DISEASE (comprising mainly Blepharo-conjunctivitis, Corneal Opacities, and the various forms of Keratitis).—Apart from several cases referred by the School Medical Officers from outside

areas for opinion as to treatment the number of these cases gave a percentage of 12.8. Although occurring in but a relatively small proportion of school children these diseases nevertheless produce a serious impairment of vision which is, on the whole, preventable. They occur most noticeably in poorly fed and dirty children, there being a close relationship between dirt and external eye disease. The prevalence of External Eye Disease may be taken as an index of personal cleanliness and for the prevention of which one must look to improvement in the housing and social conditions of their families. Many parents show a careless disregard of these conditions, and a considerable change in their attitude is necessary before the importance of a thorough and continued treatment can be instilled into them.

(B) **MYOPIA.**—The percentage of myope cases examined is 16.7 (18.4 per cent. in girls and 14.1 per cent. in boys). Girls seem to be more liable than boys to myopic defects. In Lanarkshire, with the exception of Shotts Area, where the percentage is 8.4, myopia shows a much higher percentage in the rural districts than in the urban (*e.g.*, Strathaven 20.4 per cent., East Kilbride 23.5 per cent., Baillieston 26.4 per cent., as against Wishaw 16.3 per cent., and Uddingston 18.5 per cent.). I can therefore corroborate a former statement by Dr Thomson "that the children of agriculture are not less myopic than the children of industry." Perhaps heredity, due to in-breeding in the rural districts in contradistinction to cross-breeding in the urban districts, may be the cause of the higher incidence in the rural districts. An increase of myopia also synchronizes with debilitating disease where the resistance of the sclera is lowered with the general diminution of tissue nourishment.

(C) **SQUINT.**--The percentage of squint cases occurring in these areas under my care is 23.6 (27.9 per cent. in boys and 20.7 per cent. in girls). Squint is a form of defective vision which needs more attention in the future than it has been receiving in the past. It has been stated that as many as 75 per cent. of squint cases appear before the fifth year of life, thus this condition is often well established before the child enters school and the time has passed in many cases for a complete cure to be obtained. As the sooner in life a squint develops the more rapidly blind becomes the squinting eye, and as the noxious influences—ocular and physical—which disturb the balance of binocular vision often occur at the very beginning of school life, the treatment of young squinters depends very largely upon the stage at which the defect is found and the practicability of carrying out desirable or necessary measures. In early cases, in addition to the correction of the error of refraction, present occlusion and the instillation of atropine are very useful and many successful results were got where the parents have faithfully carried out the instructions. In long standing cases and in cases which fail within a reasonable time to be corrected by glasses operative treatment is attended by good results, but it should be resorted to early if good vision as well as the correction of the deformity is to be attained.

The establishment of Child Welfare Clinics should render great help in this matter, as the earliest detection of squinters is necessary even before they come to school. In some areas the contribution of the school teachers in following up the cases and in using their powers of persuasion in the wearing of the spectacles, has been substantial—

in others where the interest has not been quite so whole-hearted the effect has been noticed in the number of children who appear not wearing their glasses.

In addition to the new clinic at Baillieston which was opened last year a new and most excellently arranged clinic has been opened and is in use at Shotts.

During the past session the following cases were examined and revisited at the school clinics mentioned at the beginning of this Report. Total number of cases examined, 639; number of children re-examined, 931; total number of attendances at the clinics, 1570.

(DR W. HISLOP MANSON.)

CENTRE: Coatbridge.

In general there is little to report of special interest, and an analysis of the cases treated presents the usual features of ophthalmic examination. All the cases of myopia re-examined during the year were making satisfactory progress. Two children were recommended to the School Medical Officer for exclusion from school for a considerable period on account of severe eye disease, whilst four boys and two girls were found to have suffered from injuries to the eyes in early childhood. The great value of re-examining each case where spectacles were prescribed becomes more apparent each year, and this branch of the scheme of visual treatment is so important that it should never, if at all possible, be omitted.

At the Coatbridge Clinic 217 school children were examined: 198 were re-examined and had their glasses checked; total attendances at the Clinic were 415.

(DR H. SOMERVILLE MARTYN.)

CENTRES: Cambuslang, Rutherglen.

Of cases other than refraction cases, squint numerically heads the list, and of these the majority have been corrected by glasses, whilst a few, in whom the squint persisted after treatment by glasses, were operated on with satisfactory result. In this connection the treatment of children of pre-school age ought in time to show a steady diminution in the number of cases of squint and amblyopic eyes.

In cases where children are absent from school on account of Conjunctivitis, Blepharitis, Phlyctenular Conjunctivitis, Keratitis, and Corneal Ulcers, it might be possible for them to be referred to the ophthalmic surgeon of the district for his advice. Of course, all such children are, on the School Medical Officer's advice, taken to their own family doctor for treatment, but it is well known that parents frequently fail to carry out the treatment prescribed with the result that serious damage to the child's eyesight may occur.

At the Cambuslang Clinic, 159 school children were examined: 198 were re-examined and had glasses checked; total attendances at the Clinic were 357.

VISUAL TREATMENT.

TABLE C.—Showing (a) Total Number of Cases Examined; (b) Number Revisited; (c) Total Attendances at Clinic; (d) Number Treated by Glasses; (e) Number Treated Otherwise or Advised; (f) Number Uncompleted and not Requiring Treatment. Year ending 31st July, 1924.

TREATMENT CENTRE	Number of Children Examined.	Number of Children Revisited.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted, and Cases not requiring Treatment.
DR ERNEST THOMSON.						
Abington	2	—	2	1	1	—
Airdrie	208	254	462	186	21	1
Bellshill	172	230	402	157	12	3
Biggar	12	7	19	9	3	—
Cadder	74	66	140	64	10	—
(Bishopton, Bishopbriggs and Chryston)						
Carluke	58	15	73	52	5	1
Carnwath	55	40	95	47	6	2
Lanark	71	53	124	57	8	6
Lesmahagow	40	48	88	35	5	—
DR JOHN A. MORTIMER.						
Baillieston	68	104	172	60	8	—
Blantyre	89	108	197	82	5	2
East Kilbride	17	12	29	16	1	—
Larkhall	56	109	165	51	5	—
Shotts	113	162	275	105	8	—
Strathaven	22	27	49	19	3	—
Uddingston	118	151	269	112	5	1
Wishaw	156	258	414	146	10	—
DR H. SOMERVILLE MARTYN.						
Cambuslang	159	198	357	141	15	3
Rutherglen	170	164	334	152	15	3
DR W. HISLOP MANSON.						
Coatbridge	217	198	415	195	22	—
DR JAMES A. WILSON.						
Motherwell	268	348	616	237	31	—
DR JAMES R. WATSON.						
Hamilton	205	467	672	200	5	—
	2,350	3,019	5,369	2,124	204	22

TABLE D.

VISUAL TREATMENT.

Table Showing Conditions, other than Refraction Errors, whether Treated or Advised.

VISUAL TREATMENT.

TABLE E.—Showing the Nature of the Refraction Error in those Cases treated by Spectacles, and the Number of Cases Examined.

CLINIC.	1 Hypermetropia.				2 Hypermetropic Astigmatism (Simple and Compound).				3 Myopia.				4 Myopic Astigmatism (Simple and Compound).				5 Mixed Astigmatism.				6 Eyes not Requiring Correction or too Defective for Correction.				7 Cases not Completed.				TOTAL.					
	Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys	Girls				
ERNEST THOMSON.					R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	Boys	Girls				
Abington	—	—	—	—	18	22	29	31	7	8	14	11	14	8	10	14	7	7	14	14	13	14	9	6	—	—	1	1		
Airdrie	30	30	42	42	27	25	27	25	2	2	—	—	6	7	7	5	6	6	9	5	13	13	1	4	—	—	90	118		
Bellshill	31	33	25	27	2	2	—	—	7	8	—	—	3	4	1	1	1	1	1	1	8	10	3	3	—	—	83	89		
Biggar	1	1	—	—	7	8	10	9	2	2	7	8	5	3	9	9	6	1	1	2	1	5	4	—	—	6	6			
Cadder	11	11	7	12	7	8	10	9	2	2	7	8	5	3	9	6	1	2	5	4	5	5	—	—	31	43				
Bishopbriggs, and Chyston)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Carlisle	11	9	12	9	7	8	9	10	—	—	4	3	1	1	3	4	1	3	5	5	2	1	2	4	—	—	1	1		
Carnwath	3	2	11	9	9	10	5	8	4	4	2	1	1	1	—	1	2	3	10	8	2	1	4	5	—	—	22	36		
Canark	7	5	11	10	7	7	12	17	4	7	4	4	1	—	3	2	3	4	5	2	3	2	5	5	5	5	2	2	21	34
Lesmahagow	5	7	2	1	4	2	5	6	4	4	4	3	1	1	4	7	—	1	5	4	3	2	3	5	5	1	1	30	41	
Total	99	98	110	110	81	84	98	107	27	32	45	39	30	21	39	43	23	26	57	51	32	31	38	37	9	9	4	4	301	391
JOHN A. MORTIMER.																																		
Baillieston	3	5	3	5	13	14	13	12	4	3	2	2	4	3	8	10	5	4	5	2	3	3	5	5	—	—	—	—	32	36		
Blantyre	3	3	9	5	16	17	32	36	1	1	3	4	2	2	7	7	1	—	8	7	1	1	4	4	—	—	2	2	24	65		
East Kilbride	—	—	—	—	2	2	8	9	1	1	—	—	—	—	3	3	—	—	2	1	1	1	—	—	—	—	4	13				
Larkhall	5	4	—	—	11	10	18	17	1	2	4	3	1	1	—	—	3	5	4	5	3	2	3	2	—	—	—	—	24	32		
Shotts	9	11	12	14	27	26	37	35	1	1	2	3	2	1	5	4	5	3	7	5	3	5	3	5	—	—	—	—	47	66		
Strathaven	2	2	1	1	4	6	6	5	—	—	—	—	3	1	2	3	—	—	1	1	1	1	2	2	—	—	—	—	10	12		
Uddingston	2	2	4	4	29	29	48	45	4	5	3	3	4	4	10	11	4	3	4	6	3	3	2	2	1	1	47	71				
Wishaw	6	7	9	8	40	41	45	47	3	2	4	3	7	7	12	13	6	5	14	13	4	4	6	6	—	—	66	90				
Total	30	34	38	37	142	145	207	206	15	15	18	18	23	19	51	55	24	20	45	40	19	20	25	26	1	1	2	2	254	385		
H. SOMERVILLE MARTYN.																																		
Cambuslang	29	25	18	19	23	29	33	36	2	1	3	—	13	11	13	12	5	5	3	3	6	7	8	8	2	2	1	1	80	79		
Rutherglen	20	17	15	13	28	32	49	49	7	3	4	4	4	7	13	16	2	2	10	10	6	6	9	8	1	1	2	2	68	102		
Total	49	42	33	32	51	61	82	85	9	4	7	4	17	18	26	28	7	7	13	13	12	13	17	16	3	3	3	3	148	181		
W. HISLOP MANSON.																																		
Coatbridge	38	29	29	27	50	51	49	52	3	8	5	6	7	4	11	9	2	2	3	5	11	11	13	9	—	—	—	—	108	109		
JAMES A. WILSON.																																		
Motherwell	35	33	36	37	45	50	62	65	7	11	24	20	12	9	9	10	5	3	6	7	12	10	15	13	—	—	—	—	116	152		
JAMES R. WATSON.																																		
Hamilton	25	25	32	25	40	40	44	52	4	6	10	12	10	10	19	17	6	3	10	11	2	3	3	1	—	—	—	—	87	118		

NOTE.—All the cases examined are included in this Table, whether Spectacles were prescribed or not. If no Spectacles were prescribed, the eyes are recorded in one or other of the Columns 6 or 7.

At the Rutherglen Clinic 170 school children were examined : 164 were re-examined and had classes checked ; total attendances at the Clinic were 334.

(DR JAMES A. WILSON.)

CENTRE: Motherwell.

Several cases with high degrees of short-sight have been dealt with and recommended for special consideration. Two cases of hysterical, or psychic visual defect, were discovered and were treated by counter-suggestion. The importance of the revisits for further observation is recognised. This year about eight per cent. had failed to obtain the glasses prescribed and about five per cent. had broken, lost, or were not wearing the glasses prescribed. These were dealt with individually as required. The improved vision in the great mass of the cases was obvious.

Among the squinters, in over twenty-five per cent. the squint had disappeared, or almost disappeared, since wearing the glasses, and in nearly all the others the squint was less with the glasses than without them. The vision in the squinting eyes, however, remained very defective, except in the alternating cases, where the vision was good in both eyes. The efficient treatment of squint, in great measure, belongs to the pre-school period of a child's life.

Some day, perhaps, when the business of medical men is more concerned with prevention of disease and defect than it is to-day and when the value of medical inspection is appreciated and extended, these cases—with many others—may be got under treatment earlier, or before vision has deteriorated.

During the session, 268 children were examined at the School Clinic ; 348 children were re-examined and had their glasses checked ; total attendances at the Clinic were 616.

(DR JAMES R. WATSON.)

CENTRE: Hamilton.

During the past session 205 cases have been examined, 87 boys and 118 girls. There were 467 revisits and the total attendances at the clinic were 672.

The revisits again proved the value of the work done in the general improvement shown in nearly all cases where the correcting lenses had been regularly worn for any length of time. A very common fault on the part of the pupils, and one about which I had to remonstrate with them very frequently, was the keeping of their spectacles in a very dirty condition.

There was an unusually large proportion of cases of bad degrees of myopic astigmatism this year ; with this exception there are no special remarks to be made about the refraction work.

I must acknowledge the valuable help of the nurses at the Clinic.

REPORT ON DENTAL TREATMENT.

The record of the work done under the Authority's scheme of dental treatment for the year 1923-24 is again very satisfactory. The four dental surgeons had an uninterrupted session's work, with the result that no fewer than 54,207 school children were dentally examined and 12,483 treated. Of the total number of pupils examined, 32,863, or 60.6 per cent. were found to require treatment. This percentage compares with 61 per cent. for the year 1922-23; 60 per cent. for year 1921-22; and 60 per cent. for the year 1920-21. It will thus be seen that the percentage of school children whose dental condition is unsatisfactory is, meantime, practically stationary, but it is hoped that this high percentage figure will in the course of a few years show a steady decrease. It will also be seen that 38 per cent. of those children notified came forward for treatment. This figure is slightly smaller than that of last year, when 40 per cent. of the notified children came forward for treatment. It is difficult to account for this small falling off in the numbers, and in the absence of any definitely known cause it must be attributed, meantime, to the periodic rise and fall of the wave of enthusiasm for hygiene—dental and otherwise—which passes over a district.

The travelling dental outfits still continue to do an inestimable amount of good in the rural areas, and the high percentage of children coming forward for treatment each year in these districts shows how greatly this branch of the Authority's treatment scheme is appreciated by the parents. It is a common experience to find in the country districts anything from 70 to 90 per cent. of the notified pupils being treated, and if the urban parents showed anything like the same enthusiasm as their country brethren the dental results in the county would be indeed magnificent.

The reports received from the various dental surgeons are exceedingly interesting. Mr Bower (Cadder, Cambuslang, Old Monkland, and Rutherglen Areas) who has now been engaged in this work in the County for seven years, draws attention to the fact that in the areas in which he is specially engaged the percentage of notified children has fallen from 88 in 1917-18 to 50 in 1923-24. Rutherglen district shows this year a gratifying rise in the percentage treated, and it is hoped that this will not only be maintained but will show a steady increase. In the Cadder area, the prolonged inclement weather had an adverse effect on the numbers treated. Mr Bower remarks on the increasing amount of conservative treatment that is being undertaken, although it may be years after before such treatment is fully appreciated by the patient. Treatment by extraction has always been most popular because it is most easily understood by the bulk of the public and because of the immediate results obtained, namely, the speedy relief of pain. Hence, in the absence of pain parents neglect the advice of the dentist as regards the children's teeth, and the first permanent molars are frequently allowed to decay past redemption. School children are tending more and more to rely exclusively on the School Dentist for any treatment they may need, and only go elsewhere for emergency treatment.

TABLE F.

DENTAL TREATMENT.

Summary of Work done in the following School Management Areas during the year ending 31st July, 1924.

SCHOOL MANAGEMENT AREAS.	INSPECTION.				TREATMENT.										NO. OF PUPILS.	
	Number of Pupils Examined.	Number of Notices issued to Parents.		Number of Pupils Treated.	NATURE OF TREATMENT.										Notices.	Partly Necessary.
		Boys.	Girls.		Extractions.		Fillings.		Scaling.	Dressing.		Cleaning				
Avondale,	552	177	161	66	74	249	28	2	42	3	...	2	70	70		
Biggar,	425	108	114	50	50	152	15	2	29	1	...	70	30			
Blantyre,	2802	913	849	416	414	1249	287	8	273	2	25	3	626	204		
Bothwell,	7315	2505	2463	805	824	2143	218	11	494	4	2	...	1255	374		
Cadder,	2420	659	676	233	221	594	127	10	178	...	2	1	289	165		
Cambuslang,	3666	801	896	334	374	703	211	10	434	2	2	...	521	187		
Cambusnethan,	4074	1427	1409	462	480	1830	155	2	339	5	2	...	570	372		
Carluke,	1337	402	385	201	174	691	57	5	133	4	...	3	206	169		
Carnwath,	1092	369	323	251	211	787	81	11	211	17	2	3	266	196		
Dalserf,	3077	1006	1039	297	290	1055	162	11	166	11	26	4	362	225		
Dalziel,	5735	1910	1794	656	636	2283	467	6	436	6	55	3	926	366		
East Kilbride,	503	161	178	87	92	321	31	5	62	...	1	...	111	68		
Glassford,	205	66	69	38	53	153	40	...	21	1	...	1	49	42		
Hamilton,	3375	986	1145	375	356	1396	199	8	324	16	45	9	459	272		
Lanark,	2035	595	572	306	269	962	100	30	221	16	1	1	395	180		
Old Monkland,	7447	1866	1970	758	838	2072	452	32	788	4	2	...	1185	411		
Rutherglen,	3794	908	966	278	262	594	104	78	247	3	3	...	307	233		
Shotts,	3491	1233	1207	469	459	1322	120	...	253	...	3	...	620	308		
Southern,	277	66	83	50	44	169	27	...	26	...	...	...	58	36		
Stonehouse,	585	215	191	114	116	468	33	4	100	4	...	2	136	94		
TOTAL,	54207	16373	16490	6246	6237	19193	2914	235	4777	99	171	32	8181	1002		

The total number treated was 2,931. Extractions (temporary teeth), 3,518; extractions (permanent teeth), 842; fillings, 1,649; scaling, dressings, and cleaning, 19.

Mr Beattie (Avondale, Biggar, Cambusnethan, Carlisle, Carnwath, Dalserf (rural), Douglas, East Kilbride, Glassford, Lanark, Lesmahagow, Stonehouse, and Southern Areas), in his report on the year's work, states that there were no bad epidemics during the session to mar the attendance of the children at the clinics. Notwithstanding that the areas in which Mr Beattie is engaged are practically all rural areas, there was an average attendance each day at the clinic of 24.1 patients. This is indeed an excellent result and might well serve as an object lesson to the parents in the town districts. The results of conservative treatment are now becoming manifest, but Mr Beattie emphasises the need for more frequent visits to the various schools for dental supervision. The total number treated was 3764. Extractions (temporary), 6929; extractions (permanent), 676; fillings, 1436; scaling, dressing and cleaning, 94.

Mr Rankin (Blantyre, Dalserf, Dalziel, and Hamilton Areas) reports that of the 15,969 children examined in his particular districts, 10,250 stood in need of dental treatment, i.e., over 64 per cent. The total number of children treated was 2,871. Extractions (temporary), 4833; extractions (permanent), 1009; fillings, 1042; scaling, dressings and cleaning, 180.

Mr Kerr (New Monkland, Bothwell, and Shotts Areas), in his report on the year's work alludes to the fact that the younger children, generally, accept treatment more readily than the older ones. This is fortunate, as it enables the dentist to perform conservative treatment before the teeth are beyond repair. Mr Kerr also remarks on the altered attitude of the pupils towards school dentistry. They are now accepting it as a routine procedure, and large numbers of children come to the clinic unaccompanied by their parents; in fact, they would rather their parents were not present.

The total number of children treated was 2976. Extractions (temporary), 3987; extractions (permanent), 391; fillings, 893; scaling, dressings and cleaning, 9.

The dental surgeons express their gratitude for the very kind help they received from headmasters and all the teaching staff, and express their appreciation of the great inconvenience to which teachers frequently put themselves in order that the dental inspections and treatment of their scholars might be conducted as efficiently and smoothly as possible.

**REPORT ON TREATMENT OF DISEASES OF THE
EAR, NOSE, AND THROAT.**

(DR JAMES ADAM.)

AT HAMILTON CLINIC.

For the year ending 31st July, 1924, 31 children made 131 attendances occupying 22 hours. In addition 18 of them were operated on for Tonsils and Adenoids under general anaesthetics, involving 9½ hours of my time and 8½ hours of the Anæsthetist's.

With regard to disease of these structures it would be better to give more attention to prevention than to operation, and while the general tendency throughout the country is to overdo the operation that is not so in this area. This is borne out by the fact that of the 31 children all came from Hamilton schools except 2 from Uddingston and 1 each from Larkhall, Bothwell, and Newton.

There is a good deal of carelessness in the home as to cases of "running" noses and ears. Of 6 cases of chronic suppuration of ears all dried up; ionization, which is tedious, was applied 5 times, but it was worth while after a history of discharge for four years. Cauterization of the nose was done 9 times.

AT MOTHERWELL CLINIC.

(1st AUGUST, 1923—31st JULY, 1924.)

	Under General Anæsthetic.	Under Local Anæsthetic.
No. of Cases treated for Tonsils and Adenoids	80	—
„ „ Cases treated for Diseases of the Ear	4	8
„ „ Cases treated for Diseases of the Nose	4	17
 Total Number of Cases treated ...	 88	 25
 Total Number of Attendances of School Children at the Clinic	 477	
Total Time occupied by Ear, Nose, and Throat Specialist	78 Hrs.	
Total Time occupied by Anæsthetist	26 Hrs.	